## L120000434 28

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200431134042

08/19/24--01026--023 \*\*65.90



## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJI	e <b>d</b> r:	Fall, of Paul Name of Lin	f Conjoany Que	CLIONS LLC
The en	closed Articles of An	nendment and fee(s) are su	bmitted for filing.	
Please	return all correspond	ence concerning this matte	r to the following:	
		E	Name of Person	
		Elliot F	aul a Company C	Quet-10N5
		10 SE C	entral PARKWO	COM (fication)
		StuAR=	+, FL 34994 City/State and Zip Code	—————————————————————————————————————
		E-mail.liddress:	(to be used for future adrivat report not	COM (Control of the Control of the C
For fur	ther information con-	cerning this matter, please	call:	im on
	Elliot Name of P	Paul erson	at (772) 370 Area Code Daytim	0 - 62 5 7 ne Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:	ction	<u>Street Address:</u> Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ello + PAU & Co (Name of the Limited Liability Comp. (A Florida Limited	any ds it now appears on our re Liability Company)	10NS LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000043428</u>	were filed on <u>3/29</u> /	12 and assigned
Florida document number		
<u> </u>		SL
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	
Enter new mailing address, if applicable:	N A	
B. If amending the registered agent and/or registered office	address on our records, e	
agent and/or the new registered office address nere:		, (2)
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street c	uldress
	Cin	_, Florida
	Cuô.	Est State

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
	- <del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			2024 DAdd
			Remove
			「「シー大口Change 円形 公 □ Add
			□Remove
			Change
			□Add
			□Remove
			TiChange

Section 1

	,,
(If an effective Note: If th	date, if other than the date of filing:
e record spord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Juve 1. 2024.  Signature of a member or authorized representative of a member
	Elliot M. Paul